

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020339

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

149  
FILED MAY 26 1963

Primary Registration District No.

1002

Registrar's No.

2563

STATE FILE NUMBER

VS 300  
Rev. 4/591  
23398

3

4 3

5 1

6

7 1

8 2

9411X

10

11

1290-2

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 20 yrs.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2618 -Prospect		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle LOU Last SWEARINGEN		4. DATE OF DEATH Month May 1, 1963 Day Year	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-12-14
9. AGE (last birthday) 48		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Abberville, LA.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Bryant		13b. MOTHER'S MAIDEN NAME Flora Green	
14. NAME OF HUSBAND OR WIFE Harvey Swearingen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Harvey Swearingen 2618 Prospect	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Rheumatic Aortic Regurgitation & Stenosis DUE TO (c) years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 5 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 22 Apr. 12-63 to May 1-63 and last saw her alive on Apr. 27-63 Death occurred at 4:30 P. M. of the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. Schindler (Degree or title) D.O.		22b. ADDRESS 421 Shubert Bldg. Kansas City, Mo.	
22c. DATE SIGNED 5-2-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 5-4-63		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) Houston, Tex.		24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton	
25. DATE RECD. BY LOCAL REG. 5-2-63		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bruce R. Watkinson

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.